

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10-29	1-1-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

..... Rejected N ..... Non-elected  
 ..... Allowed I ..... Interference  
 (Through numeral)..... Canceled A ..... Appeal  
 ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	1	1	8/01
2	2	2	2/02
3	3	3	7/02
4	4	4	10/02
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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